

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLIII.

WEDNESDAY, DECEMBER 18, 1850.

No. 20.

PHARMACEUTICAL PREPARATIONS OF MANGANESE.

BY M. HANNON.

**OXIDE OF MANGANESE.**—This is a very good preparation, especially when obtained by the humid method; it should, therefore, be made only when it is wanted for use. The best mode of prescribing it is to add an ounce of simple syrup to half a drachm or a drachm of the hydrated oxide, with some oily emulsion, to prevent the contact of the air.

*Carbonate of Manganese* is best prepared by dissolving seventeen ounces of pure crystallized sulphate of manganese, and nineteen ounces of carbonate of soda, in a sufficient quantity of water. Double decomposition takes place; one ounce of syrup is added to every seventeen ounces of the liquid, and the precipitate is allowed to settle in a well-stopped bottle. The supernatant fluid is then decanted off; the precipitate is washed with sugared water, and allowed to drain on a cloth saturated with simple syrup; it is then expressed, mixed with ten ounces of honey, and rapidly evaporated (the access of air being prevented) to a proper consistence for making pills. The sugar and honey oppose the transformation of carbonate of the protoxide of manganese (*carbonate manganeux*) into carbonate of the peroxide (*carbonate manganique*), which is but little soluble in the acids of the stomach. The dose is from four to ten pills, each four grains, every day in chlorotic cases, where iron has not succeeded. The hyperoxidation of the carbonate of manganese may be prevented by adding freshly-prepared vegetable charcoal to the pills; it absorbs the carbonic acid which is disengaged by a partial decomposition, and enables the pharmacist to dispense with the use of mucilage, which only increases the hardness of the mass.

*Neutral Malate of Manganese.*—This is procured by treating carbonate of manganese with malic acid. It is an eligible preparation, as the base of the salt is in the form of protoxide, and the acid is easily digested. The dose is from two to four grains, in pills.

The preparations of manganese have this immense advantage over those of iron, that they can be combined with vegetable tonics and astringents, namely, tannin, and the substances which contain it, as gall-nuts, rhatany, catechu, dragon's blood, kino, monesia, canella and cinchona. These can all be combined with malate of manganese. *Syrup of malate of manganese* consists of—simple syrup, ℥ xvj.; malate of

manganese,  $\mathfrak{z}$  j.; essence of lemon,  $\mathfrak{z}$  ij. : an ounce of syrup contains 29 grains of malate of manganese. *Pills of malate of manganese.*—Malate of manganese, gr. xv.; powder of cinchona, gr. xv.; honey, a sufficient quantity to make twenty pills. *Lozenges of malate of manganese.*—Malate of manganese,  $\mathfrak{z}$  j.; sugar,  $\mathfrak{z}$  xj.; mucilage of tragacanth, a sufficient quantity. To be formed into lozenges, each 12 grains in weight; each of which contains a grain of the salt.

*Tartrate of Manganese* is prepared in the same way as the malate, tartaric acid being used. It may be substituted for the malate in all the above-mentioned formulæ; and is used to prepare the following highly tonic syrup. Syrup of tolu,  $\mathfrak{z}$  xvij.; extract of rhatany,  $\mathfrak{z}$  iiss.; tartrate of manganese,  $\mathfrak{z}$  iiss. Dose, from four to five spoonfuls daily.

*Phosphate of Manganese* is best prepared by dropping a solution of phosphate of soda into a solution of sulphate of manganese. The precipitate is collected after filtration, dried, and preserved in well-stopped bottles.

This preparation may be employed, like the phosphate of iron, in cancerous affections. *Pills of phosphate of manganese.*—Phosphate of manganese,  $\mathfrak{z}$  jss.; powder of cinchona,  $\mathfrak{z}$  ss.; syrup of catechu, a sufficient quantity. To be divided into four-grain pills. *Syrup of phosphate of manganese.*—Phosphate of manganese,  $\mathfrak{z}$  ss.; syrup of tolu,  $\mathfrak{z}$  iij.  $\mathfrak{z}$  iij.; syrup of cinchona,  $\mathfrak{z}$  v.; essence of lemon,  $\mathfrak{z}$  iiss.; powder of tragacanth, gr. x. This preparation must be made quickly, and preserved in a well-stopped bottle. *Lozenges of phosphate of manganese.*—Phosphate of manganese,  $\mathfrak{z}$  j.; sugar,  $\mathfrak{z}$  xj. Mix and divide in twelve-grain lozenges, each containing one grain of the phosphate.

*Iodide of Manganese* is prepared by digesting recently-precipitated carbonate of manganese with fresh hydriodic acid; then filtering and evaporating, the access of air being prevented. It may more conveniently be prepared extemporaneously, by mixing together an ounce of iodide of potassium, and the same quantity of sulphate of manganese, perfectly dried, and in the state of powder. It is then made into a pill-mass with honey, and divided into pills, each containing four grains of the iodide; which should be kept in a well-stopped bottle. The dose is at first one pill daily, gradually increased every three days to six pills; the medicine is then omitted for eight days, after which is resumed again. *Syrup of iodide of manganese* is prepared by adding concentrated hydriodic acid to a drachm of perfectly pure hydrated carbonate of manganese, until it be entirely dissolved; then mixing with the solution 17 ounces of a syrup of guaiacum and sarsaparilla. Dose, from two to six spoonfuls daily.

In cases where iron has not succeeded, it is desirable not to make a sudden transition to manganese, but to combine the two remedies as in the following formula. Pure crystallized sulphate of iron,  $\mathfrak{z}$  xij.; pure sulphate of manganese,  $\mathfrak{z}$  iiss.; pure carbonate of soda,  $\mathfrak{z}$  xviiss.; honey,  $\mathfrak{z}$  x.; syrup, as much as may be sufficient to make a mass to be divided into four-grain pills. Dose, from two to ten pills daily. The insoluble preparations of manganese should be first used, as the carbonate, phosphate and oxide; then the more soluble preparations, the tartrate,

malate, &c., may be employed. The use of this medicine should not be persevered in so long as that of iron, as its preparations are more rapidly assimilated. Manganese is not, like iron, found in the excrements of persons who take it—at least it is in very small quantity.

In the depraved state of the blood which succeeds intermittent fevers, manganese is useful; it is the most certain remedy for preventing a return of the attacks. Leucophlegmasia and engorged spleen, of long duration, are rapidly reduced by the use of iodide of manganese with syrup of cinchona. The preparations of manganese should also be used in urethro-vaginal catarrh in chlorotic patients, and in chronic leucorrhœa, especially in individuals weakened and rendered anæmic by excess. The salts of manganese with which we are acquainted, are powerfully astringent, and may be used as external applications in all cases where other astringents are not indicated. In this respect they possess no other peculiarity.—*London Journal of Medicine.*

#### CASE OF FIBROUS POLYPUS.

BY JAMES SYME, ESQ., PROF. OF CLIN. SURGERY IN THE UNIVERSITY OF EDINBURGH

LORD — — applied to me on the 29th of June last, under the following circumstances:—About three years ago, while employed in the public service abroad, he had fallen from horseback, and sustained an injury of the nose, followed at different times by profuse bleeding—on one occasion to the amount, it was said, of several pints—and complete obstruction of the nasal passages, with the loss of smell and taste. Some ineffectual attempts to afford relief had been made by a military surgeon, who detected a polypous growth in the right nostril and extracted small portions of it. The patient, in quest of more efficient assistance, had come home and placed himself under the care of an eminent surgeon in London, who made repeated attempts at extraction, without success, and then proposed a consultation, which led merely to the prescription of alterative medicines. Two other very distinguished surgeons of the metropolis were then taken into the case, with the result of discovering a tumor in the throat. It was proposed to remove this growth by cutting through the soft palate; and deliberations were held as to the practicability and expediency of such a procedure. But, finally, at the end of two months, the original resolution against any operative interference was unanimously adopted. The patient then came to Edinburgh, bringing with him a letter to me from the gentleman first consulted, who stated in it, that he and the three other surgeons had, after careful examination, and repeated deliberations, resolved that the case did not admit of any beneficial interference.

The patient was about 34 years of age, tall, thin and well made, without any expansion of the nasal feature, which, on the contrary, was rather narrower than usual. Upon putting my finger into the pharynx, behind the soft palate, I was surprised to recognize in the tumor, which had excited so much alarm, merely the extension of a polypous growth from the nose backwards, and offered at once to remove it without delay

or ceremony. But to this proposal it was objected by the patient, and two of his brothers who accompanied him, that it would be requisite to obtain the consent of their friends in London before anything should be done in a matter engaging the sympathies of a large family connection, and in opposition to the judgment of so many distinguished surgeons. Letters, therefore, were despatched to the principal parties concerned, and in the meantime I repeated my examination of the case.

Both nostrils were completely obstructed, in regard to inspiration as well as expiration. There was nothing to be seen or felt in the left one; but in the right a small portion of polypus, similar to the ordinary mucous growth, could be perceived. Pressure upon the pharyngeal tumor excited profuse bleeding, not so much from the throat as from the nose. At all times there was a copious distillation from the nostril of slightly-colored fluid, which, as it could not be expelled by blowing, admitted of removal only by a wringing sort of action, hardly less disagreeable to witness than to endure. At night, notwithstanding every precaution, the bed-clothes were soiled by this never-ceasing flow of watery discharge. When the certain, and not remotely, fatal termination of his complaint, which had been predicted to the patient by his London attendants, is added to these constant sources of distress, it may be imagined that his state was nowise comfortable, and that he gladly availed himself of the sanction which in due season arrived for the execution of my proposal.

On the 7th of July, having requested my friend Dr. Duncan to give me his counsel and assistance, I introduced the small polypus forceps, always employed by me, into the right nostril, and co-operating with the fore and middle fingers of my left hand, inserted behind the soft palate, speedily extracted the morbid growth in one mass through the nose. The bleeding, which had been very profuse, immediately ceased, and the patient breathed with perfect freedom by both nostrils. He remained quite well ever afterwards; and three months having passed without any threatening of a relapse, has gone to resume his duties in the colony to which he was attached.

The polypus, when examined, was found to consist principally of a fibrous substance, possessing a reddish color, and a texture so very firm as to resist almost any degree of extensive force. At the part farthest from its centre, where it descended into the pharynx, the growth had a bulbous form, and more friable consistence. It thus, in all respects, completely agreed with the characters of what M. Dupuytren designated the "fibrous polypus"—namely, an extremely firm consistence at the central or original part, a tendency to soft degeneration at the circumference, a great disposition to bleed, a strong adhesion to the surface of bone upon which it grows, and the absence of any malignant action after its complete evulsion. Such cases are very rare, and I consider myself fortunate in having witnessed one of the two which Dupuytren has particularly related. In my own practice I have met with some remarkable examples of the disease, especially one in which I found it necessary to remove the superior maxillary bone in order to obtain the access requisite for applying forceps with effect; and another, where,



having divided the upper lip to obtain sufficient space, I found that the polypus grew from the inferior spongy bone, and readily detached it by means of the cutting pliers. In the latter case, the patient, though nearly exhausted by hemorrhage previously to the operation, enjoyed good health for many years afterwards, and, so far as I know, still continues to do so.

In conclusion, I may remark, that the source of Lord — —'s complaint probably existed long before the accident to which it was attributed, since he breathes with more freedom, and, on the whole, has a feeling of greater comfort, than he recollects to have enjoyed at any time previous to the operation.—*Edin. Monthly Jour. of Med. Science.*

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#### SULPHATE OF MANGANESE IN JAUNDICE.

[Communicated for the Boston Med. and Surg. Journal.]

SOME two years since, I was requested to prescribe for the case of an eminent physician in New Hampshire, who had been severely suffering from the worst form of jaundice. The illness was ushered in by nausea and indigestion, followed by attacks of pain of the most agonizing character in the region of the duodenum and liver, occurring at intervals of a month and followed by temporary yellowness of the skin, clay-colored stools, &c. &c. External pressure, with applications of mustard and large doses of opiates, were required for relief in the paroxysms of pain. Emetics and cathartics were given afterwards for the subsequent jaundice. The attacks became more and more frequent, occurring at length every fortnight, week, and even oftener, while the remedies were becoming less and less efficacious, until the case at last terminated in what appeared to be hopeless and irremediable jaundice. Soda, rhubarb and ipecac. were administered. Also emetics and cathartics, a course of alkalies, the nitro-muriatic acid, conium, the extract of butternut, and blue pill which was given until the system, at two different periods, was fully under the influence of mercury. No benefit was derived from any of these measures. The yellow tint of the skin deepened to a brown or mahogany color, perspiration ceased, a dry husky state of the surface supervened, and the patient was troubled with an excessive itching and irritation of the skin, requiring the most penetrating brushes, or the application of great heat, to obtain relief from this annoyance. The urine became very dark and scanty. The bowels were irregular in their action, more often loose than otherwise, and the discharges clay-colored. The power of the stomach to digest ordinary nourishment nearly failed. All articles, except the most simple and easy of digestion, were rejected, and frequently even these. The patient became *excessively emaciated*, having formerly been in good flesh and inclined to corpulence. The strength failed, nature was nearly exhausted, and the termination of the sufferings of the patient with his life appeared to be near at hand.

Six months had now elapsed from the commencement of the attacks, and four since the jaundice became constant and confirmed. Feeling

anxious that relief should be afforded in the case, I continued my attention to it, until I noticed in Braithwaite's Retrospect, No. 10, article 49, and No. 11, article 46, some remarks upon the action of the sulphate of manganese as an evacuant of the bile, with cases. It was immediately tried, and our efforts were crowned with success. Two drachms were dissolved in half a pint of water, and swallowed upon an empty stomach. A most intolerable nausea immediately followed, with general relaxation of the system; the medicine operated as a powerful emetico-cathartic, discharging large quantities of bile from the stomach and bowels. Immediate relief in the region of the stomach and liver followed, but the patient seemed for some hours a good deal prostrated. In a short time, however, the system rallied, and, to use the expression of the patient, "he was *well*." The dose was repeated three times on alternate days. The appetite returned, with a good action of the bowels and refreshing sleep. The symptoms daily improved, nature was relieved, and in a few weeks the sufferer was restored to good health and *embonpoint*. So deep, however, was the stain of the skin, that two months were required for its removal.

During convalescence, the pain, with subsequent jaundice, returned in a slight degree, after a cold and great fatigue, but was at once relieved by drachm doses of the remedy as before. A year and a half has now elapsed since the improvement in the case of Dr. ———, and ample time has been allowed for satisfaction as to the remedial action of the sulphate of manganese. When every other known medicine which had enjoyed reputation in the treatment of bad cases of jaundice had entirely failed, this salt proved most signally successful. Dr. ——— is now in good health, and as actively engaged in an extensive practice as most men of his years. His age is 61.

I understand, since the sulphate of manganese was used so successfully in this case, it has been prescribed by a practitioner (a friend of Dr. ———) with the same good effects. We trust a report of the case may soon be given.

Beyond any question, the sulphate of manganese stands at the head of all cholagogues, doing its work with the promptness and efficacy of no other medicine. Farther experience may show the sulphate useful in dyspepsia and the chronic derangements of the liver therewith connected, together with dropsy and the various maladies resulting from a plethora and embarrassment of the portal circulation. How the sulphate of manganese acts as a cholagogue, is a question open for discussion.

In the case here recorded, no inflammation was present, no tenderness. Pressure afforded relief during the paroxysms of pain preceding the jaundice. There was no evidence of gall-stones. As to an obstruction of the duct from inspissated bile, there may be *some* grounds for belief. As to a *lesion of innervation*, connected with a congestion or tumefaction of the lining membrane of the duct, the reasons are *stronger*. In this case the liver had shown disorder during two seasons of sickness, in the two years preceding the jaundice. In both attacks the doctor suffered with rheumatism, or rheumatic gout, accompanied by a good deal of bilious disorder, followed by swollen joints. Subsequent to these

confinements, he was severely tried by some circumstances which affected his digestion, his feelings, and his health. However this medicine may have acted in this case, one thing is certain, that the brain and nervous system, which were most heavily taxed by certain trying circumstances about the period when the jaundice made its appearance, were most *powerfully impressed* after taking the manganese, and that *during this impression*, such a change was produced in the innervation which superintends the economy of the liver, that this organ was restored to its normal functions and the patient to sound health.

But few writers have made mention of the sulphate of manganese. Among them, there seems to be a disagreement as to the safety of its administration. While by some it is spoken of as a medicine which may be used as a common cathartic, for example as Epsom salts, in the dose of an ounce, by others it is considered a dangerous article, only to be used in the dose of a drachm or half a drachm—powerfully affecting the cerebro-spinal system, and inducing apoplexy and palsy. Farther use of this remedy will of course settle all these difficulties, and give us an exact acquaintance with its qualities, nature and mode of operation. In the meanwhile, we invite from the profession such a trial of the sulphate of manganese, in their practice, as the merits of the article deserve and the wants of their patients may demand.

South Berwick, Me., Dec., 1850.

T. H. JEWETT, M.D.

#### DR. CORNELL'S PRACTICAL OBSERVATIONS ON INHALATOIN.

[Concluded from page 378.]

In consumption and diseases of the air-passages, in addition to the articles already named, which were used in the form of *vapor* or *factitious atmosphere*, may be named, various *salts*, and other substances, combined with some light, innocuous menstruum, used simply as the vehicle of the medicine. Cinchona, sulphate of iron, myrrh, sub-nitrate of bismuth, sulphate of zinc, sulphate of copper, alum, acetate of lead and nitrate of silver, have all been used by inhalation. The method in which they were formerly employed, was by being mixed with sugar. Thus, the zinc might be gr. j. to sugar grs. xxx.; sulphate of copper, gr. j. to xxv. grs. of sugar; alum, grs. v. to grs. x. of sugar; acetate of plumbi, grs. ij. to grs. xiv. of sugar; nitrate of silver, gr. j. to grs. lxxij. of sugar. The sub-nitrate of bismuth might be used alone or combined with sugar.

These powders were all made of the *substances* of the medicines, and thus the substances must be inhaled. It was not so easy to do this, and the sugar was quite too heavy for a vehicle. Still, no doubt, they were useful in laryngitis, bronchitis, and other affections of the air-passages; but it is doubtful, whether the medicines actually reached the air-cells of the lungs, as, when compounded with so heavy a vehicle, they would be likely to stop in the pharynx and the larynx, especially as they were directed to be inhaled with a simple tube or quill, one end of which was dipped into the powder and the other put into the mouth.

Since the noticeable appearance of the *pharyngo-laryngeal* disease of the mucous membrane of the throat, or clergyman's sore throat, as it has been called, the nitrate of silver, and other kindred salts, have been employed with great success, in almost all inflammatory diseases of the throat, or air-passages. The introduction of *solutions* of these articles, of various strengths, from ten grains up to eighty or ninety, with the *probang*, camel's hair pencil, or syringe, has been very common treatment; and, often, though not always, it has been followed by recovery.

Having previously given some attention to this class of diseases, soon after Dr. Green, of New York, commenced his practice of introducing this remedy into the larynx, and published his book on the pathology and treatment of "The Diseases of the Air-passages," I began to treat them after his manner, using various other salts besides the *nitrate*.

I think it was in March, 1848, that Dr. T. K. Chambers, of London, published in the London *Lancet*, and also in the Medical Gazette, an account of his use of an *inhaling powder*; and giving its *composition*, I immediately had some of it prepared according to his formula, which is as follows:—

"The plan is, the inhalation of a light innocuous powder, which may carry with it the required substance, either diffused in the air or absorbed in its pores. That which I have found well suited to the purpose is the pollen of the lycopodium, or club-moss, which has been made to imbibe as much as it would take up of a saturated solution of nitrate of silver, or of sulphate of copper, or of the two combined. and then carefully dried, and reduced again to an impalpable powder. Mr. Squire has made me some, which, in two grains and a half, contains one grain of nitrate of silver, and another, which in five grains contains one of nitrate of silver and two of sulphate of copper. The patient should introduce into his mouth, as far as he can without choking, a well-dried glass funnel, and draw in his breath strongly, whilst he himself, or a second party, dusts the powder in a dense cloud into the large end with a nursery puff-ball. If the dust be raised by an attendant, the patient can indicate the moment he inspires by raising his hand. To obviate the necessity for withdrawing the funnel during expiration, to prevent the dust being blown about the room, an apparatus may be used with a double valve and a closed powder-box, which allows the dust to pass inwards only; but the employment of metal makes the machine less agreeable than the more awkward but cleaner-looking and less formidable glass."

I have found this powder serviceable in several cases of bronchitis, laryngitis, ulcerated sore throat, inflammation of the mucous follicles, and in incipient phthisis. It is much preferable, prepared as here directed, to that mixed with sugar, as the *real pulverized nitrate* was then used; but, as here prepared, the *nitrate* is first *dissolved* in pure water, then the "pollen of the moss" is dipped in a saturated solution (or that of any other strength desired), then dried, and *finely pulverized*. It can be made of any desirable strength, and should contain less of the *nitrate* than that made from a *saturated* solution, when employed with very irritable patients.

The caustic and astringent property of the nitrate is often useful in

chronic catarrh, or in a recent cold, by combining a little of this powder with any kind of snuff, or snuffing the simple powder. It can also be conveniently applied to *indolent* ulcers, and answers every purpose of the stick of *lunar caustic*, or *solutions* of it. It is useful, also, in various cutaneous diseases, such as ringworm, nettle rash, &c. I had one case of *tetter*, which was cured by it, after resisting numerous other remedies. But I need not speak here of the power of this salt over this class of diseases, and have referred to it only to say, that used in *this form* it is quite as convenient as in any other, and as efficacious.

To return to inhalation—I have sometimes combined with the “nitrate,” instead of the “pollen of the moss,” or *with it*, the flowers of the *papaver somniferum*, but am not aware that it has afforded any more satisfactory results, than when made according to the formula given above. In fact, it does not form so light a vehicle, and it is doubtful whether there is any of the narcotic property of the poppy in the leaves or flowers.

For inhaling this powder I used various kinds of instruments; at first such an one as Dr. Chambers has above recommended. Then various others were tried, all calculated to make a dust of the powder, and thus prepare it to be drawn into the lungs with the air. A small quantity, say three or four grains, of the powder, is put into the receiver of the inhaler, the inhaler is then placed in the mouth of the patient, as far back upon the tongue as can be conveniently borne; then held by the lips, or left hand of the patient, while with the right hand the receiver is twirled round to scatter the powder, and, by a full inspiration at the same time, it is conveyed into the throat. This process may be repeated once a day, or more frequently if desirable. If the *solution* is used, the shower syringe is altogether more convenient and easy of application, and agreeable both to practitioner and patient, and does the work much more thoroughly, than the probang.

If the mucous membrane of the pharynx or larynx is inflamed, or very tender, and the powder contains the full strength of a saturated solution of the nitrate, it will produce slight smarting or tingling in these parts. I have used it in *canker* in the throat, in what has been called clergyman's sore throat, and in chronic mucous inflammation of any portion of the air-tubes, with much satisfaction—its specific effects being soon perceived. In *ulcerated sore throat*, I think it the best remedy that can be used. In *bronchitis*, it does what I think no other remedy will do so well, causing a speedy clearing of the tubes, and disposing them to take on a healing action. In *phthisis*, I cannot speak so confidently of its success, though, in its first stage, I have often, and once or twice in the second stage, seen it prove very serviceable. I have sent it, with an inhaler, to more than thirty physicians in the country, from many of whom favorable accounts have been returned. Some have found it so successful that they have sent, at many different times, for more of it. Some have said that they have raised patients with it whom they felt confident could not have been raised by former modes of treatment.

As I claim no *originality*, as to the invention of the powder, so I

have had no *secrecy* as to its use, having given the *recipe* as I found it, and my manner of employing it, to the public, in this Journal, as soon as I had fully tested it.

I have also made trial of the zinc, copper, alum, and some other astringents, prepared in the same way, but I think the nitrate, for general use, is preferable to any other. The sulphate of copper, in some cases, has been as serviceable, and I have thought, even more so, in *syphilitic* sore throat.

It yet remains to be seen what will be the full and final result of this remedy, as applied in the manner here spoken of, in diseases of the air-passages and lungs. In a class of diseases which have so very generally resulted in death, it seems to claim the *attention* of medical men, and to deserve a fair and thorough trial.

There is one other way in which I have recently employed the *nit. argent.* in this class of diseases, and which, so far as I know, has been original with me—at least, I have never seen any account of its being so used—and that is, *inhaling the vapor of water impregnated with the salt*. This I have done very recently, in a few cases, and with apparently good effects; though sufficient time has not yet elapsed, since I commenced this mode of using the *nitrate*, to speak very confidently about its success. I have, as yet, used it mostly in those cases in which inhaling the *powder* produced severe coughing, or so disturbed the patient, at the time of using it, that it seemed advisable to discontinue its use in that form. The following has been the proportion of the *nit. argent.* to the quantity of the water employed:—R. Aqua fontis ferventis, Oss.; *nit. argent.*, grs. xlvij. M. The vapor of this mixture has been imbibed from the spout of a tea-pot, like the vapor of simple water in cases of croup. The vessel which contains the vapor had better be made of glass.

CASE I.—A gentleman, aged 22, a bookseller, naturally of a good constitution, called on me for medical advice in October, 1848. He was laboring under a hard, severe cough, which had lasted several days. It commenced with coriza, sore throat, hoarseness; a feeling of chilliness, lassitude and weakness in the limbs, more or less febrile action, and, in short, all the ordinary symptoms of *acute bronchitis*. There were present, also, a sense of tightness or stricture, weight and soreness, in the chest. I prescribed the ordinary remedies used in *acute bronchitis*. The amendment was but little, during the first four days. At this period I directed him to inhale two or three grains of the powdered nitrate, compounded according to the above formula. There was a marked improvement within the first twenty-four hours, and in one week more the patient was discharged, cured.

CASE II.—Nov., 1849, Mr. S., aged 35, called on me with all the ordinary symptoms of *chronic bronchitis*. There were cough, expectoration of a greenish, tenacious mucus, sometimes streaked with blood, with, occasionally, small, whitish, opaque solid particles mingled with the sputa; such as by some have been supposed to be tubercles, but which were really concrete secretions of mucous follicles in the fauces. The pulse was somewhat more than ordinarily frequent, and there was pre-

sent, every day, a slight febrile paroxysm. Indeed, he had all the symptoms of what was formerly called *catarrhal consumption*. While inhaling a small quantity of this powder, two or three times a-day for four weeks, he recovered his usual health, and has as yet (now more than a year) had no relapse. Other treatment was also employed, and so it was in all these cases, but this *powder* seemed the most efficient.

CASE III.—A lady, aged 35, had been afflicted for three months with the following symptoms:—hard cough, severe dyspnoea, copious expectoration of a ropy, glairy, transparent and frothy mucus. The expectoration was very profuse, often amounting to two or three pints in a day. *Auscultation* developed, at first, dry morbid sounds, then the mucous *rale*, showing that there was occasionally congestion and tumefaction of the bronchial mucous membrane. The physical signs clearly showed the existence of what was once called *humoral asthma*, and by Laennec *pituitous catarrh*. She began immediately to improve upon inhaling the powder; and though still subject to occasional attacks of irritation in the bronchia from sudden vicissitudes of the weather, has for a year and a half enjoyed tolerably comfortable health. She felt relieved within a week after commencing the inhalation.

CASE IV.—Mr. S., aged 20, a well-marked case of *phthisis*, with but slow development in the softening of the tubercles. Chronic inflammation of the pharynx and larynx—could not inhale the powder on account of the irritation. Applied solution of the strength of 40 grains to 3 j. water, with the syringe. Soreness of the pharynx and larynx relieved, but tuberculization continued to go on, and death followed.

CASE V.—Mr. D., a mechanic, aged 38, had been afflicted with acute bronchitis, but had recovered from the attack. Some months after, began to be hoarse; had irritation about the throat; made frequent efforts to *hawk up* something for relieving the larynx; had a sense of soreness in the laryngeal cavity. The fauces and laryngeal membrane were covered with granulations of various sizes, very much like the pustular inflammation of varioloid. The uvula was elongated, and the lower third of it covered with similar follicular papulae. In fact, this was a marked case of Dr. Green's *follicular disease of the pharyngo-laryngeal membrane*. An alterative course of medicine was prescribed, and the powder of the *nitras argenti* inhaled. The diseased follicles very soon (where they were visible) put on a more healthy appearance, the general health improved, the hoarseness gradually disappeared, and in six weeks he was apparently free from disease.

CASE VI.—A sea captain, aged 48, had visited many portions of the globe, been a *free liver*, and not always *prudent*. The whole throat was much diseased, much atrophied and cavernous; the mucous follicles were much enlarged, very vascular and tuberculous. The uvula was elongated, and the epiglottis oedematous. There were cough, expectoration of a semi-purulent mucus, and some dyspnoea. The *physical signs* indicated bronchial disease, with pectoriloquy. There were, also, present in the system, unmistakable symptoms of the disease in which all his troubles originated. He had had a solution of the *nitrate* applied to the pharynx in the form of a gargle, as he stated and proved by the follow-



ing *recipe* from an eminent physician. R. Arg. nitrat.,  $\text{Ḑj.}$ ; aqua rosæ,  $\text{ʒ v.}$  M. He was directed to inhale the pulvis nit. argent. et licopod. bis diem; and to go into the *vapor bath* three times a week. The following prescription was given:—R. Potassii iodid.,  $\text{ʒ iij.}$ ; aqua dist.,  $\text{ʒ v.}$  Dose, a teaspoonful ter diem. The fauces, pharynx, and, so far as could be seen, the larynx and the whole of the *throat*, had improved much in three weeks. At the expiration of this time, the following was substituted for the iodide:—R. Ol. jecoris aseli,  $\text{ʒ iv.}$ ; sol. carb. potas.,  $\text{ʒ ss.}$ ; syr. limo. cort.  $\text{ʒ iij.}$ ; aqua carui,  $\text{ʒ ss.}$  M. Dose, two table-spoonfuls bis diem. The epiglottis visible, erect and œdematous. There was pain in the larynx, and soreness over the thyroid cartilage. The voice was husky, at times quite hoarse, cough, emaciation; in a word, all the symptoms of *constitutional syphilis*, with several of the rational signs of phthisis, were present. He had tried many remedies, had had a physician in every port, and exhibited a handful of recipes which he had “dearly paid for,” and tried the medicines. Still he “was no better, but rather worse.”

As he had taken the bichloride of mercury and iodide of potassium pretty freely, I directed him to take three of the following pills, three times a-day:—R. Extract conii, grs. xv.; ext. podophylli,  $\text{ʒ ij.}$  M. Fiat masse, in pilulas no. 80. To use the vapor bath three times a week, and to inhale the pulv. nit. arg. ter diem every other day. I also applied the lunar caustic in stick form to all the diseased follicles that could be reached in the fauces and pharynx. Under this treatment, he began, very gradually, to improve, and at the end of three months was discharged cured.

CASE VII.—A gentleman from the country, aged 28. All the external appearances indicate phthisis: countenance pale, anxious, haggard and emaciated, night sweats, distressing cough, short breathing; expectoration of mucus, mixed with pus; voice husky, deglutition difficult, and breathing stertorous. Both tonsils are much enlarged and ulcerated; uvula elongated, and nearly one half the length ulcerated; pain in the larynx and soreness in the region over it. The physical signs manifested tubercles in process of softening. The prognosis was very *doubtful*. He was ordered tinct. sanguinaria,  $\text{ʒ j.}$  gtts. 30 bis die. R. Morphia, grs. iij.; actæ racemosa,  $\text{ʒ j.}$  M. gtts. 25 ad noctem. Also a very weak solution of nit. arg., grs. iij., to  $\text{ʒ j.}$  aqua distil., applied with a camel-hair pencil to the enlarged tonsils and elongated uvula. The strength of the sol. nit. arg. was increased on each application by grs. iij. to grs. lxxx. to  $\text{ʒ j.}$  aqua. Twice the tonsils were touched with Lugol's iodine caustic, and twice the stick of lunar caustic was passed into and around the surfaces of the hollows which did here, and usually do exist, in indurated tonsils. The cauterization was employed once a week—the design being rather to *preserve* than to destroy the tonsils. After thus applying the caustic for four weeks, the tonsils were so far reduced that I thought it expedient to commence inhaling the pulvis nit. arg., which would affect the tonsils, pharynx, larynx, bronchia and lungs. This was continued as often as every two days for six weeks longer, when the tonsils had come to their normal size, the inflammation about

the air-passages had disappeared, and the patient was every way much improved. At the end of three months he was discharged, cured.

CASE VIII.—A child 5½ years old. Tonsils very much enlarged; considerable cough; stertorous breathing; apparently much bronchial dilatation; voice husky, sometimes quite hoarse. Some signs of tuberculization present. Evidently of a strumous habit. Parents say "she has always had a cough." Face œdematous. Prescribed:—R. Potassii iodid., ʒ i.; aqua dist., ʒ v. S. A teaspoonful *ter diem*, in mucilage acacia, or sugar and water. And the following ointment applied externally, under the ears and chin, night and morning. R. Potassii iodid., ʒ iss.; adipis, ʒ i. M. The chronic amygdalitis was treated upon the plan already spoken of in these observations, viz. commencing with a very weak solution of the nitrate, two grains to the ounce of water, and gradually increasing until a saturated solution was employed. Thus, instead of aiming gradually to destroy the tonsils, their preservation rather was sought. The stick caustic was applied to the surfaces of the hollows in the tonsils. The tonsils in five weeks had lessened considerably, and the inhaling of the pulvis. nit. argent. was commenced. Under this treatment the child's health continued to improve. The tonsils became of the normal size, and the cough and bronchial irritation disappeared. The local difficulty was very much removed by the pulvis. nit. arg. et licopod., while the disease seemed to be eradicated by the alterative medicine.

CASE IX.—A girl, aged 13. Enlarged indurated tonsils; cough, stertorous breathing when sleeping; general debility; bronchial irritation; hoarseness, sometimes entire loss of voice. Treatment commenced with inhaling the pulvis nit. argent. once a-day. Ordered a tablespoonful of the following alternative, morning and evening. R. Decoct. sarsaparilla, Oi.; iod. potassii, ʒ iii. M. In six weeks she was discharged from treatment, cured; but directed to take the medicine still longer.

The unguent. iod. pot. was applied externally as in the above case.

#### OSSIFICATION OF THE PULP OF THE TEETH.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Seeing my name in an article copied by you from the Dental Journal, I beg leave to make some explanations in regard to it. Dr. Harris, editor of that Journal, seems to have forgotten the most important part of my statement, which was that I waited until the ossification had taken place before I filled the tooth. My principle is, to excite ossification, as surgeons sometimes do to fractured bones when indolent. And I have succeeded in doing it, in many cases, where the dental pulp is healthy, even though wounded. By cleansing the cavity, as if for filling, then protecting it with cotton from the air, and occasionally removing the cotton and lightly re-scraping the bone, a deposit in time will take place nearly as hard as enamel, when the tooth can be filled and retain its vitality. Twelve years' experience in this operation has

proved this fact to me, that, under favorable circumstances, it can be done.

W. W. CODMAN.

*Boston, Dec. 11, 1850.*

#### POTT'S DISEASE OF THE SPINE.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Will you do me the favor to insert in the *Journal* the enclosed answer to the many questions asked of me in relation to *Pott's disease of the spine*, as connected with the medical testimony in the case of "*Schopman vs. Boston and Worcester Railroad*," lately tried in the Supreme Judicial Court in this city, the action being for injuries done to the spine of the plaintiff's wife, causing her death. The defence was that she, Mrs. Schopman, died of "*Pott's disease*."

In reply to medical gentlemen, interested in the matter, I will state that it is my intention, from records, to publish the entire case, with some reflections upon the new diagnostic marks of "*caries of the spine*," discovered by modern surgeons, as elicited by witnesses and depositions on the trial referred to, with some notice of the wide range of causes, symptoms and effects, embraced in the new theories of "*Pott's disease*."

As a matter of reference, will be added a list of "*Fractures of the spine, without paralysis*," "*Fractures of the spine, with curvature, without paralysis*," "*Fracture of the spine with abscess*," from actual observation, and selected from such "*tolerable*" authority as Sir A. Cooper, Brodie, and other surgeons of equal talent and experience—some of these cases coming within the new limits (extensive) of *Pott's disease*, as, "*some understand it*."

I would also inform medical gentlemen interested in the "*surgery of bones*" and the results of morbid action in this department of pathology, that the spine examined by surgeons for legal purposes in the Schopman case, is in my possession. It is a "*curious*" specimen of a "*curious case*" of "*Pott's disease*," according to the *new nosology*, "*showing no marks of violence, and having nothing in its appearance that would attract the attention of an intelligent surgeon not to be accounted for by Pott's disease*."

Your obt,  
J. S. JONES.

*No. 1 Bowdoin st., Dec. 13, 1850.*

#### THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 18, 1850.

#### EDITORIAL CORRESPONDENCE.

*Alexandria (continued).*—Well, we are fairly in Egypt—and it is like dreaming, or rather awaking from a dream, to find ourselves in this anomalous, exciting, extraordinary country, where the men are almost naked, or covered up in such fantastic articles of dress as to keep one's eyes con-

stantly under contribution; women are walking about with their faces covered as far as their eyes, while their feet and legs are bare; shop-keepers are sitting on their hams at the threshold of their little boxes, smoking long pipes, book-keeping, or chatting with customers; groups of children, of all ages and sexes, in whose veins is a strange mixture of blood, are coursing through the streets, in merry mood—some in turbans, great white bag breeches, white stockings, red garters, and red shoes, and others are nearly as naked as bronze statues. Camels, laden with merchandize, proceed in long trains, one tied to the other, and some carrying water in skins which are filled so full as to restore the original shape of the animal, most commonly the hog, from which they were stripped off whole. In the midst of such new and exciting scenes, it is impossible to give a minute description of a thousandth part of what is passing. We have been to Pompey's Pillar, which, by the by, has no connection with the memory of the Roman, Pompey. A dozen Arab girls were importunate to sell us bits of it, which they had broken from the moulding at the base—thus mutilating shamefully a magnificent remnant of antiquity. Cleopatra's Needles, half a mile from the Consular Square, exactly in front of the ancient harbor, in the time of Alexander, are objects of intense interest. One is flat down, partially buried—the other, a magnificent piece of red granite, covered with characters, bold, and apparently as perfect as when first cut, long before a single nation of modern Europe had a being. The base has been cleared away to show on what it stands—thus exposing the lower end of the monolith, which has not a square end to stand on, but an uneven, ragged end, as it came out of the quarry. To keep it perpendicular, there is a short, strong bar of copper, perhaps nine inches long by six in diameter, driven in under one corner, to sustain the inclination of the weight above. When raised, no doubt the architect drove this bar or block in, little by little, to give the stone its exact perpendicularity.

*Sunday, Nov. 3d.*—This is the Christian Sabbath, the third holy day in succession, which of course is not observed by Mahometans or Jews. All night we have felt the plagues of Egypt, without seeing many of them. Dogs barked all night, incessantly; lanterns were mysteriously moving about, close to the ground, giving a distinct view of a pair of black or copper-colored legs and bare feet; sometimes a musket, the bray of a donkey, or the harsh yell of an Arab, was heard, till daylight, when the cocks commenced their uproar. On the whole, this is an outrageously noisy place. By six in the morning, the Square resembles the stage of a theatre, and while gazing from the window, imagination has constructed a comedy in many acts, in which all sorts of men, women and children, together with camels, mulès, dromedaries, asses, dogs, figs, dates, bananas, mummies, sailors, conscript troops of the Pacha, and Europeans, successively act their parts. Never was a rarer play witnessed. Alexandria is thrown up into irregular mounds of dirt—that is, sand, brick, stone, and the odds and ends of ruins—without a spire of grass to cover them. Dig any where, and marble, stone all hewn, brick and old mortar, are the product. If stone is wanted in any quantity, dig into one of these hillocks, and there it is. Every house, barrack, fortress, in a word, whatever is made here, is constructed from the ruins of something else. A large building is now in progress, made of brick dug out of a mound—older, perhaps, than Moses. The landlady of our hotel is English, married to a Frenchman. She speaks various languages fluently, and is therefore an invaluable key to

unlock the minds of many resident here. She often visits, with her children, the harem of the late Mahomet Ali, referred to in this letter [see last week's Journal]. She says there are now residing in it twenty-five ladies, all widows of his late highness—each having had children by him, a few of whom are living. Some of these women are Circassians, two or three Greeks, and some pure Arabians. Several of them she represents to be fine-looking ladies. They pass away their time in sewing a little, chatting with each other, playing music, &c. Should a Turk of distinction ask for one of them in marriage, he probably would obtain her; but no others would dare ask such a favor. In the course of this expedition up the Nile, some facts may be collected in regard to the annual manufacture of eunuchs in Upper Egypt, and Nubia, which is declared here to be the work of Coptic Christian priests. Certain it is that eunuchs are always in demand, as a necessary appendage to the household of every gentleman of the Mahometan faith. Even the common sailors of the Egyptian fleet, lying in Alexandria, avail themselves of the permission of the Prophet's law, and some of the wretched mud hovels bordering the shore, as already mentioned, have in them the three and four wives of their occupants. Some wisely distribute them at convenient distances up and down the river, to keep them from domestic broils. A very minute examination was made to-day of the interior of the palace, and we are constrained to say that it equals some of the first in Europe in grandeur and style of finish: All the apartments are elegant, and some are extremely imposing. Richer floors were never seen. The devices are extraordinary displays of genius. One of the floors is wholly of ebony, laid in small pieces, so highly polished that you feel as though a mirror were under foot. All the walls are covered with rich silk, of various patterns, and the drapery of the windows and doors quite out-does that at Versailles, or any of the national palaces of England. Superb baths, too, of white marble, complete the catalogue of regal circumstances in this favorite residence of the late Pacha. Next, we visited the ancient catacombs—immense excavations into the rock, under ground, on a level with the sea, about three miles from the city wall. A trip was then made to the slave market, where there were perhaps thirty girls, from ten to sixteen, of various shades of color, covered by a mere blanket, although their ears and heads were ornamented with brass and silver trinkets. Some had rows of symmetrical scars on their cheeks or foreheads, indicating the tribes to which they belonged in Nubia, Senaar, &c., from whence they had all been stolen. The slave merchants, in long white shirts, white turbans, and with long pipes, were lounging in the yard, waiting for customers. The girls were valued, upon the average, at about \$150—and we were assured by the dragoman that they wished to be sold. Having attended service in the Episcopal chapel, nine persons present, we afterwards perambulated the various bazars and streets in the possession of mechanics. Saddlers, pipemakers, tinmen, blacksmiths, shoemakers, capmakers, watch tinkers, merchants, accountants and brokers, were all sitting on the floor. Jew money-changers sit in the door-way, with a large iron safe at their backs—locking and unlocking, according to the demands of business. Lots of Alexandrian ladies, veiled, wrapped in large silk hood cloaks, in yellow slippers, may be seen riding through the streets, astride, like men, preceded by servants to clear the way. A school was pounced upon accidentally—taught, as most of them are, by blind Arabs. The children repeat after the master, in a sing-song tone—his acute ear at once detecting negligence or inattention.

In Alexandria there are two hospitals—one for soldiers, and the other for the poor of other countries, happening to be sick here, who are provided for in this way by foreign merchants, consuls, &c. An English physician is at the head of the latter, under a monthly salary of thirty pounds from Abbas Pacha, says an informant, besides attending to general town practice among his countrymen. For a professional visit to a vessel, the fee is \$5.00—the Italian physicians taking a little less. The fee in town is from one to two dollars, to those able to pay it. A hydropathic practitioner, the first and only one who has appeared in this part of Egypt, died a few days ago—one report says of fever, and another of cholera. They all concur in saying that this is no place for that system. No mention has been made of homœopathy; hence the conclusion is that that school of practitioners have not commenced operations in a field so unpromising—the native inhabitants being exceedingly poor, and the rich never allowing medical gentlemen, except under the most urgent and trying circumstances possible, to enter the sacred precincts of the females.

*Tuesday, Nov. 5, 1850.*—Having hired a Nile boat, manned by a captain, eleven men, cook, assistant and dragoman, we sail through the canal, bordering the ancient lake Mareotis, this evening, for Cairo. Bedding, cooking apparatus, all kinds of raw material to subsist upon, together with gimlets, ammunition, knives, forks, fowls, sugar, salt, &c. &c. even to charcoal, are to be put on board forthwith. The boat has three rooms, and the conveniences such a voyage renders necessary. An American flag is to fly at the stern—and thus we are to maintain the honor and dignity of our blessed country, up a river whose source has never yet been ascertained, to a point not yet determined—certainly far enough, however, to explore all that is worth beholding on this extraordinary route. On returning to Cairo, we intend striking into the desert for Suez, Akaba, Petràe, and thence to Jerusalem.—Just as this long communication is drawing to a close, there is room to say that we have been to the Pacha's granary, and seen the multitude of poor country people bringing in their tribute of wheat, barley, beans, &c., which is received in hoppers, such as feed the stones in gristmills—and if up to the gage, the contents are then carried to the roof of a one-story building, covering, apparently, an acre and a half of ground, and poured down through scuttles. A prison punishment or the quantity demanded, without parleying, is given or received. The East India overland mail has just passed on camels, from the harbor to the canal—immensely bulky, requiring perhaps sixty animals, and showing the value of this route to the British possessions in that part of the globe.

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*Woman—her Diseases and their Remedies.*—A new edition of letters to the class in Jefferson Medical College, by Charles D. Meigs, M.D., Prof. of Midwifery, &c. in that institution, has just been published in Philadelphia, by Lea & Blanchard. These letters occupy 690 pages of a large octavo volume, embracing much that is practical and useful in the management of female diseases. They are written in a style that will interest the reader, and at the same time instruct him. Dr. Meigs certainly possesses a wonderful genius; no one can read these letters without ascribing to him the merit of being an *original*. Although they were written for his class, professional readers generally will lose much that is truly valuable, if they do not provide themselves with a copy of them.

*Trouble among the Medical Students of Harvard University.*—The following facts have been collected respecting some unhappy proceedings last week at the Massachusetts Medical College in this city. Among the students attending the medical lectures, are *three colored young men*. One of them is from Pittsburgh, Pa.; one belongs in this city, and we believe is a native, a son of the late Rev. Mr. Snowden, a colored preacher of much eminence for many years; the locale of the other is unknown to us. They are all, as we have understood, under the immediate auspices of the American Colonization Society, and by them are to be educated as physicians for the colony at Liberia. It was understood by the students last week that a *lady* was also to be added to the class. These departures from established rule gave offence to a portion of the members. On Tuesday morning the class held a meeting, and appointed a committee to draft a set of resolutions. The meeting was adjourned to the afternoon, when the students again assembled. The resolutions, respectfully remonstrating against the admission of *colored* men and *white* women, were then taken up *seriatim*, and passed by a majority of the students *present*. We should here state, that the class attending the meeting in the morning showed a majority for sustaining the faculty in the course of admitting whom they pleased to their lectures; but not supposing any such resolutions would be presented, many of them did not attend the afternoon meeting. Those present who disapproved of the resolutions, immediately appointed a committee to present a minority report, sustaining the faculty, to be presented to the class at a future meeting. We regret exceedingly this little disturbance, and the course adopted by the class. We cannot but think that if they had any real grievances, it would have been better to have approached the faculty in some other way. It may be considered an innovation to admit colored men into our colleges; but when it is remembered for what purpose these were admitted, there really cannot be so much objection after all. But as to the propriety of admitting females to medical colleges in common with males, it is a matter in which there is a great diversity of opinion. We should most decidedly object to the adoption of the practice, preferring to have all females who wish to become disciples of the healing art, or otherwise assume the masculine professions, attend separate institutions for their education.

Since writing the above, we learn that the faculty have announced to the class, that the lady in question, on hearing that there was a feeling against her being admitted to the college, has withdrawn her application. Respecting the colored men, they declined to reject them from the college, under the circumstances—as they have purchased tickets and thereby acquired a right of attendance during the present year.

*Meeting of the Apothecaries of Boston.*—An adjourned meeting of the Apothecaries of Boston and vicinity was held at the medical rooms at the Masonic Temple, on Friday, December 13, 1850, at 3 o'clock, P.M.—a large number present. The meeting having been called to order, and the proceedings of the last meeting read, Mr. A. Boyden, of the committee appointed at the last meeting to confer with the apothecaries, reported. Dr. Jones and Mr. W. A. Brewer then addressed the meeting. Mr. Brewer submitted the resolution, "that the old College of Pharmacy be revived." The question was then discussed by Mr. Brown, Dr. Jones, Mr. Farrington, Mr. Burnett, Mr. Geyer and others, whether there should be a new college established, or the old one revived, revised and amended.



Mr. Brewer withdrew his motion, and the following resolution, as amended by Mr. Brewer, was offered by Mr. Parmenter, and passed. "Resolved. That it is the unanimous sense of this meeting that there should be an institution for the cultivation of pharmaceutical knowledge." It was then voted that a committee of five be appointed, two from the old college and three from the new association, to retire and nominate a committee of five to consider the subject before the meeting, and to submit some draft for the formation of a pharmaceutical society to the next meeting. Messrs. Brewer, Farrington, Burnett, Parmenter and Mizner, were constituted the first committee, who retired to make the nomination. Mr. Brewer, in behalf of the committee, reported the following names for the second committee, viz., D. Henchman, T. Restieaux, H. W. Lincoln, J. Kidder, Jr. and S. R. Philbrick. Voted, to accept of the report. Mr. Henchman declined to serve on the committee. Voted, that the committee have power to fill the vacancy. Voted, that the chairman of the committee call a meeting of the apothecaries as soon as convenient, and submit the report of the committee. Voted, to adjourn. S. R. PHILBRICK, Sec'y.

*Medical Miscellany.*—The success attending Mr. White Cooper's operation upon the eyes of one of the young bears from California, in the Zoological Garden, Regents Park, London, induced the Council to request him to make another attempt on the brother animal, who has also become blind from soft cataract affecting both eyes. Accordingly, on Friday, Nov. 15th, chloroform having been administered to the animal by Dr. Snow, the operation was at once performed with complete success by Mr. Cooper, in the presence of Prof. Owen and several professional and scientific gentlemen.—Law, the colored lad that was bitten by a mad dog, died last week in Norfolk, whither he had gone to consult a mad-dog doctor.—There is on exhibition at the Boston Museum, a young lady only 16 years of age, weighing 456 pounds.—The number of patients of the lunatic hospital at Augusta, dead or missing since the fire, is 26. Thomas D. White, the only patient from Boston, is safe.—The ship South Carolina, Capt. Day, from Liverpool, arrived at Quarantine in Boston last week, having 30 cases of smallpox on board. Two passengers who had died with the disease were buried off the Race, Cape Cod.

TO CORRESPONDENTS.—A continuation of Dr. Clarke's Notes on Diseases of the Ear, has been received.

Our thanks are due to the Editor of the New York Medical Gazette for forwarding to us the copy of an article sent to him from Boston for publication in the Gazette, but promptly rejected by him. We are gratified, but not at all surprised, to find that the unworthy motive, which it was doubtless supposed would allow this spiteful effusion thus to appear in a Journal, "away from home," has not shown itself in this instance, but that a course has been adopted by the Editor of the Gazette which every man of honorable feeling will know how to appreciate.

MARRIED.—At Ellerica, Ms., Augustus Mason, M.D., to Sarah B., daughter of Josiah Rogers, Esq.—At Crown Point, N. Y., B. S. Nichols, M.D., to Miss Lucy Penfield.—At Sterling, Dr. Lemuel Dickerman, of Medfield, to Miss Lucretia A. Pope, of S.

DIED.—At Williamson's Corner, Wayne county, on the 26th Nov., after a lingering illness, P. T. Mounsey, M.D., late of the city of Glasgow, Scotland, in the 32d year of his age.

Deaths in Boston—for the week ending Saturday noon, Dec. 14th, 60.—Males, 27—females, 33. Accidental, 1—disease of the brain, 3—inflammation of the brain, 1—consumption, 11—convulsions, 2—croup, 1—dysentery, 1—dropsy, 3—dropsy of the brain, 1—debility, 2—epilepsy, 1—typhoid fever, 2—scarlet fever, 2—lung fever, 3—brain fever, 1—hooping cough, 3—disease of the heart, 2—infantile diseases, 5—inflammation of the lungs, 2—disease of the liver, 2—marasmus, 1—measles, 4—pleurisy, 2—teething, 2.

Under 5 years, 26—between 5 and 20 years, 10—between 20 and 40 years, 8—between 40 and 60 years, 7—over 60 years, 6. Americans, 29; foreigners and children of foreigners, 31.

*Medical School of Maine.*—The annual announcement of the Medical School of Maine, connected with Bowdoin College, for the session of 1851, has been received. It appears that the faculty are striving to make their school attractive to the student in pursuit of medical knowledge. They are eminently qualified to fill their respective chairs, and we are pleased that their institution is receiving so much encouragement.

*Medical Intelligence.*—We learn from the Medical News and Library, published in the *far-off* city of Philadelphia, that "*Dr. E. N. Horsford*" has been appointed professor of "DENTISTRY" in the Massachusetts Medical College. As it has not been known, in *this part* of the world, that such a professorship was ever established in Harvard University, the news will, we presume, create quite a sensation. We will inform our readers, however (though the advertisement of the College, with all the professors' names and titles, has been pretty extensively circulated the past season) that Prof. Horsford was really appointed to fill the chair of *Chemistry*, made vacant by the resignation and death of Dr. Webster.

Another item of Boston news comes to us from New York. "*Noggs*," who is pretty generally understood to be Dr. E. A. Kittredge, of this city, says, in the last number of the Water Cure Journal, that the Massachusetts Medical Society hold a meeting "next week," and intimates that the members are to partake of a dinner. The officers of that Society, it is true, have not always taken the best means to make known the time and place of their annual meeting and dinner, but it is doubted whether "*Noggs*" has been authorized by them to give the notice referred to.

*The Troy Lyceum of Natural History.*—We are under obligations to Dr. A. J. Skilton, of Troy, N. Y., for a beautiful copy of the charter, constitution and by-laws of the Troy Lyceum of Natural History, and catalogue of officers and members. Much pleasure was afforded by reading it, and we think that under the fostering care of so many gentlemen of ability and distinction, the Lyceum may rank among the first societies of its kind in the country.

*The Cholera at Jamaica.*—The city of Kingston is said to have lost not fewer than 5000 inhabitants by the cholera. Several physicians were of the number. The scourge was beginning to slacken at the last accounts. The Kingston Journal says:—It has appeared at Radner, a property 3000 feet above the level of the sea, and the finest climate known on the face of creation; and it has touched similar altitudes in the parishes of Port Royal and St. Andrew. It has been frightfully malignant at Middleton coffee plantation, and has manifested itself at Charlottenburgh, Chester Vale, Newton, and other properties, all situated at an altitude that has hitherto defied febrile diseases.

*Death of a Venerable Physician.*—Dr. Joseph Torrey, of Beverly, one of the oldest and most popular physicians of Essex Co., Ms., died at Beverly, on Tuesday. He leaves three sons: Augustus, a popular physician at Beverly; Joseph, the distinguished Professor of Moral and Intellectual Philosophy in the University of Vermont; and Geo. W., of Kalamazoo, Michigan, formerly editor of the Whig "Telegraph," published there.